

DT15 Rec'd PCT/PTO 17 MAR 2005

**APPLICATION DATA SHEET****APPLICATION INFORMATION**

Application Number::

Filing Date:: March 17, 2005

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: PHARMACEUTICAL SALTS OF VALDECOXIB

Attorney Docket Number:: TPIP019/WO US

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawings Sheets:: 60

Small Entity?: Yes

Latin name::

Variety denomination name::

Petition included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status::	Full Capacity
Given Name::	Julius
Middle Name::	
Family Name::	Remenar
Name Suffix::	
City of Residence::	Framingham
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	9 Eaton Road
City of mailing address::	Framingham
State of mailing address::	MA
Country of mailing address::	US
Zip Code of mailing address::	01701

#### **APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Matthew
Middle Name::	
Family Name::	Peterson
Name Suffix::	
City of Residence::	Hopkinton
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	25 Downey Street
City of mailing address::	Hopkinton
State of mailing address::	MA
Country of mailing address::	US
Zip Code of mailing address::	01748

#### **APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
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Primary Citizenship Country::	Iceland
Status::	Full Capacity
Given Name::	Orn
Middle Name::	
Family Name::	Almarsson
Name Suffix::	
City of Residence::	Shrewsbury
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	22 Farmington Drive
City of mailing address::	Shrewsbury
State of mailing address::	MA
Country of mailing address::	US
Zip Code of mailing address::	01545

**APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Hector
Middle Name::	
Family Name::	Guzman
Name Suffix::	
City of Residence::	Jamaica Plain
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	47 Wyman Street
City of mailing address::	Jamaica Plain
State of mailing address::	MA
Country of mailing address::	US
Zip Code of mailing address::	02130

**APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Hongming
Middle Name::	
Family Name::	Chen
Name Suffix::	
City of Residence::	Acton
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	8 Sawmill Road
City of mailing address::	Acton
State of mailing address::	MA
Country of mailing address::	US
Zip Code of mailing address::	01720

**APPLICANT INFORMATION**

Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	Mark
Middle Name:	
Family Name:	Tawa
Name Suffix:	
City of Residence:	West Roxbury
State or Province of Residence:	MA
Country of Residence:	US
Street of mailing address:	16 Carol Circle
City of mailing address:	West Roxbury
State of mailing address:	MA
Country of mailing address:	US

Zip Code of mailing address: 02132

**APPLICANT INFORMATION**

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Mark  
Middle Name:  
Family Name: Oliveira  
Name Suffix:  
City of Residence: Framingham  
State or Province of Residence: MA  
Country of Residence: US  
Street of mailing address: 69 Nicholas Road, Apt. J.  
City of mailing address: Framingham  
State of mailing address: MA  
Country of mailing address: US  
Zip Code of mailing address: 01701

**CORRESPONDENCE INFORMATION**

Correspondence Customer  
Number:: 34846  
Name:: Transform Pharmaceuticals, Inc.  
Street of mailing address:: 29 Hartwell Avenue  
City of mailing address:: Lexington  
State of mailing address:: MA  
Country of mailing address:: USA  
Zip Code of mailing address:: 02421  
Phone Number:: 781-674-7816  
Fax Number:: 781-863-7208  
E-Mail address::

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/28982	September 16, 2003
PCT/US03/28982	An application claiming the benefit under 35 USC 119(e)	60/412,459	September 20, 2002
PCT/US03/28982	An application claiming the benefit under 35 USC 119(e)	60/426,275	November 14, 2002
PCT/US03/28982	An application claiming the benefit under 35 USC 119(e)	60/427,086	November 15, 2002
PCT/US03/28982	An application claiming the benefit under 35 USC 119(e)	60/429,515	November 26, 2002
PCT/US03/28982	An application claiming the benefit under 35 USC 119(e)	60/437,516	December 30, 2002
PCT/US03/28982	An application claiming the benefit under 35 USC 119(e)	60/456,027	March 18, 2003

**FOREIGN PRIORITY INFORMATION**

Country::	Application number::	Filing Date::	Priority Claimed::

**ASSIGNEE INFORMATION**

Assignee name::

Street of mailing address::

City of mailing address::

State of mailing address::

Country of mailing address::

Zip Code of mailing address::